

CITY OF SPRINGFIELD, OREGON

225 Fifth St, Springfield OR 97477 (541) 726-3753 permitcenter@springfield-or.gov
Online at BuildingPermits.Oregon.gov

PERMIT #:	DATE:
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PLUMBING PERMIT APPLICATION

This permit is issued under OAR 918-780-0060. Permits are nontransferable.

Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

CATEGORY OF CONSTRUCTION	FEE SCHEDULE			
Residential Commercial Government	New Residential Dwellings	Qty	FEE	TOTAL
JOB SITE LOCATION	This includes first 100 feet of water/sewer lines, hose			
Job site address: Ste/bldg/apt:	point drains and rain-drain packages that include the and perimeter system. 1/2 bath=1 bath	piping,	gutters, ao	wnspouts
City/State/Zip:	New Dwelling 1 Bathroom/1 Kitchen		\$355.00	\$
Map/Tax Lot #:	New Dwelling 2 Bathrooms/1 Kitchen		\$555.00	\$
DESCRIPTION OF WORK	New Dwelling 3 Bathrooms/1 Kitchen		\$654.00	\$
Septic? YES / NO	Each additional bathroom or kitchen		\$140.70	\$
	*Fixture Fees (i.e. area drain, clothes washer, dish garbage disposal, hose bibb, icemaker, basin, lavator water closet, water heater, other fixtures). Re-pipe of	y, tub, s	hower, sho	
PROPERTY OWNER	Each Fixture, apparatus and piping		\$26.25	\$
Name:	Sanitary Sewer Line - First 100 feet		\$113.00	\$
Address:	Each additional 100 feet or portion		\$26.25	\$
City/State/Zip:	Water Line - First 100 feet		\$113.00	\$
Phone:	Each additional 100 feet or portion		\$26.25	\$
Email:	Storm Line/Rain Drain- First 100 feet		\$113.00	\$
This installation is being made on residential or farm property	Each additional 100 feet or portion		\$26.25	\$
owned by me or a member of my immediate family, and is exempt from licensing requirements under OAR 918-695-0020.	Miscellaneous Fees			
Total lectioning requirements under 07th 910 033 0020.	Backflow preventer/Irrigation system		\$26.25	\$
Owner Signature:	Sanitary/Storm sewer cap		\$109.00	\$
CONTRACTOR INFORMATION	Storm water retention/detention facility		\$26.25	\$
Business name:	Residential Fire Sprinkler (sq	ft) inc	ludes plan	review fee
Address:	1 to 2,000 square feet		\$109.00	\$
City/State/Zip:	2,001 to 3,600 square feet		\$174.00	\$
Phone:	Manufactured Dwelling or Pre-fab			
Email:	Connections to sewer & water supply		\$109.00	\$
CCB License #: BCD license #:	Commercial, Industrial, & Dwellings of	ther t	than 1&	2 family
Plumbing license #:	Minimum Fee		\$109.00	\$
Print name:	Each fixture		\$26.25	\$
Signature:	Medical Gas Piping - based on valuation	on		\$
	Enter value of installation and equipment \$			
*LIST ALL NEW/RELOCATED FIXTURES:	PLUMBING PERMIT FEES			
	Subtotal (minimum permit fee \$109.00)		\$	
	State surcharge 12%			\$
	Technology Fee 5%			\$

Last edited 06/06/22 KN

Plan review required for the following: Installation or alteration of medical gas and vacuum systems for health care facilities, Installation or alteration of chemical drainage waste and venting systems containing chemical agents potentially detrimental to the plumbing system, Installation or alteration of wastewater pretreatment systems for building sewers, Installation of vacuum drainage waste and venting, Installation or alteration of reclaimed wastewater systems, Installation of commercial booster pump system needed to maintain a minimum residual water pressure in a structure supplied by a municipality, Installation of a plumbing system requiring a building water service line with an interior diameter or nominal pipe size 2" or greater except 2" line systems designed and stamped by a licensed engineer, Installation of any multi-purpose fire sprinkler system under standards adopted by the department, Grease processing equipment (traps, interceptors)

SDC Fees (System Development Charges) if applicable

TOTAL PERMIT FEE'S